

Montana Laboratory Sentinel



Updates from the MT Laboratory Services Bureau

800-821-7284

www.lab.hhs.mt.gov

02/10/2012

INDUCIBLE CLINDAMYCIN RESISTANCE IN *STAPHYLOCOCCUS AUREUS*

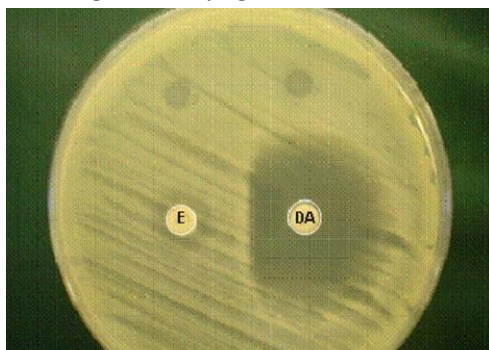
Macrolide (e.g. erythromycin) resistant isolates of *Staphylococcus aureus* may exhibit constitutive or inducible resistance to lincosamides (e.g. clindamycin) or may be resistant only to erythromycin. In constitutive resistance, the organism is clearly resistant to both erythromycin and clindamycin; however, routine tests for clindamycin susceptibility may fail to detect inducible clindamycin resistance. In this case, the organism appears to be resistant to erythromycin and susceptible to clindamycin, but once the patient is exposed to clindamycin, resistance quickly develops.

Inducible clindamycin resistance in Staphylococci can be easily detected by the disk diffusion D-test.

The D test is performed by placing a 2 µg clindamycin disk and a 15 µg erythromycin disk 15 to 26 mm apart on a Mueller Hinton agar plate, spread with a field of the organism being tested. Flattening of the zone of inhibition surrounding the clindamycin disk, producing the characteristic 'D' shape zone, indicates the presence of resistance to the clindamycin induced by the erythromycin disk.

The D test should be performed before reporting clindamycin susceptibility.

This question was part of the electronic AST Survey distributed last year. A discussion of the survey question with references to CLSI guideline pages is available [here](#).



STATE-WIDE ANTIBIOGRAMS

The Public Health Laboratory (MTPHL) has compiled yearly statewide antibiograms since 2005, and has begun the process for 2011 data. In order for the antibiogram to be representative of patterns of resistance in Montana, it is essential that data from all facilities be included.

Data is acceptable in any format. Spreadsheets have been provided in the event that you do not have a facility antibiogram or do not have means to electronically capture the data. If you already provide your physicians with your facility's antibiogram, a copy can be sent to MTPHL.

Please submit your data by **April 1, 2012**, so that we can post the 2011 state-wide antibiogram in a timely manner.

Prior state-wide antibiograms can be accessed [here](#).

UPDATED AST CLSI GUIDELINES

Although MTPHL has provided the CLSI AST M-100 tables and M02 and M07 AST methods for the past few years, we were unable to secure funding to cover the cost of providing the 2012 CLSI AST guidelines to clinical laboratories performing AST testing.

MTPHL will feature significant changes to the guidelines in upcoming issues of the Laboratory Sentinel; however, it is hoped that facilities will consider purchasing individual copies for convenient daily reference.



Celebrate National Medical Laboratory Professionals Week

April 22-28, 2012

HAVE YOU MADE YOUR RESERVATION?

Space is still available at the **Training and Competency Assessment** workshop being offered in Billings on February 29, 2012. Don't miss this opportunity to work with renowned author and presenter of quality management guidelines, Lucia Berte.

This workshop is being provided by the Montana Public Health Laboratory at no-cost to participants through special funding. CEUs will be available. Registration is available [here](#). For additional information, please contact [Jan Stetzer](#).

Please share this announcement with others in your laboratory that would benefit from the opportunity.

Montana Communicable Disease Weekly Update

Release date: 2/10/12



DISEASE INFORMATION

Summary – MMWR Week 5 - Ending 2/4/2012 – Preliminary disease reports received at DPHHS during the reporting period January 29 – February 4, 2012 included the following:

- Vaccine Preventable Diseases: Pertussis (2), Varicella (3)
- Invasive Diseases: Haemophilus Influenza (1), Strep Pneumoniae (1), Meningitis, Viral (1)
- Enteric Diseases: Campylobacter (1), Salmonella (1)
- HIV Disease*: (0)
- Animal Rabies: (1) Species: Horse
- Travel Related Conditions: (0)

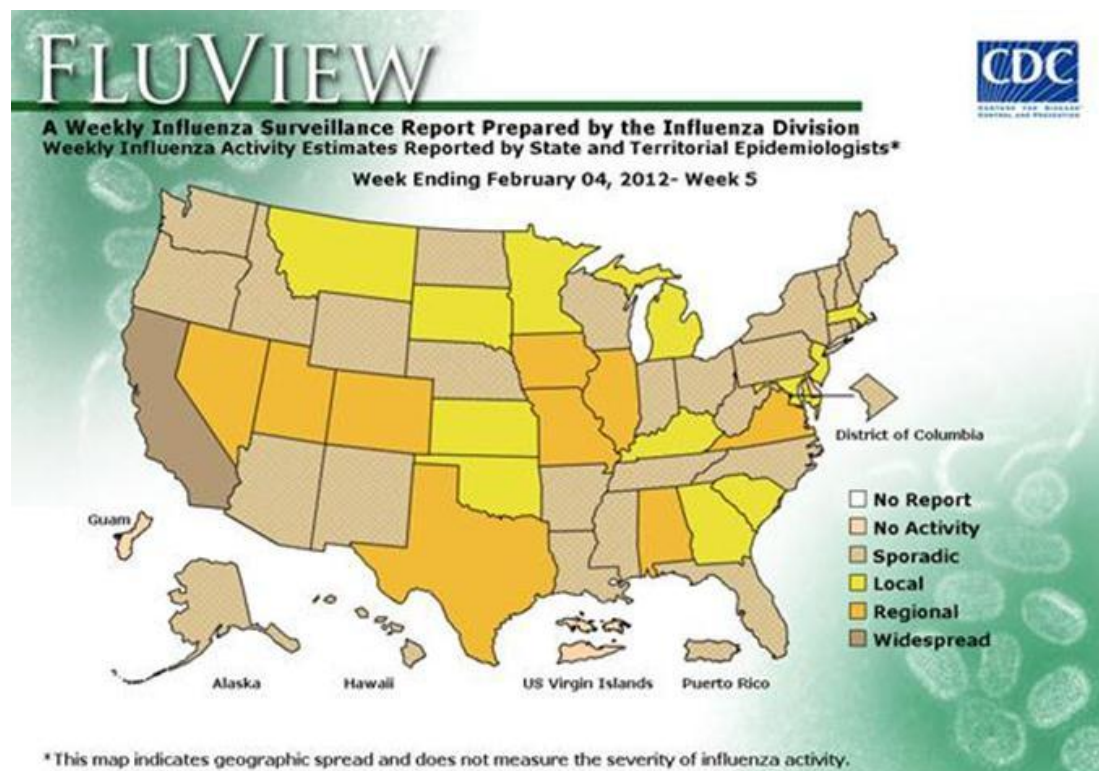
* A case is included as a preliminary report if a new confirmatory test or report was received by DPHHS and it has not been previously identified as a case in Montana or any other state. Further investigation could change initial determinations.

NOTE: The attached report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

HOT TOPICS

Disease Summary – In April of 2012 HIV/STD data will be attached and reported by county on a quarterly basis.

Influenza – Seven new cases were reported last week in Montana (1/28/2012). Five new cases including were reported **this week** in Montana. California is the first state to move to “widespread” activity.



CDEpi will no longer attach the CDC weekly national report but that report is available and downloadable at CDC [FluView](#).

CDC Health Alert Notification (Influenza Antivirals) - In association with the increase in cases of influenza nationally, CDC has sent out guidance for use of antivirals in association with influenza. Healthcare providers are encouraged to test those patients presenting with an influenza-like-illness (ILI) and treat following the attached CDC recommendations. Patients requiring hospitalization with a severe ILI should have more confirmatory influenza testing performed at the Montana Public Health Laboratory to determine the best course of antiviral treatment. Local health jurisdictions and the medical community should also continue to offer the influenza vaccine to those unvaccinated individuals. (Guidance attached)

Measles In Indiana Associated with Super Bowl Activities – Did you or any of your clients/patient's attend? "Indiana health officials are investigating two cases of measles, including one suspected case in a child who attended Super Bowl Village activities." New information also indicates two more probable cases in Brown County Indiana in internationally adopted children. "If additional cases occur that are related to the exposure at Super Bowl Village, the expected rash onset dates would range from February 10–21. Persons who have received two doses of measles, mumps, and rubella (MMR) vaccine are unlikely to be infected." Medscape has an excellent piece on the "Resurgence of Measles" including diagnosis, background and vaccine concerns <http://www.medscape.com/viewarticle/757704>. It is important to remember that this highly contagious disease is still a public health threat. ***The diagnosis of measles should be considered in any person with a generalized maculopapular rash lasting ≥3 days, a temperature ≥ 101°F (38.3°C), and cough, coryza, or conjunctivitis. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash.***

Salmonella from Hawaii – The CDEpi program has worked with the Montana American Farm Bureau conference to provide a "voluntary" survey to the 41 attendees to the AFB conference in Hawaii in January. It is estimated that approximately 6500 people attended. At this point, approximately 25% of the attendees from Montana have reported illness. We are awaiting Centers for Disease Control and Prevention match results on the one confirmed case with state PFGE results.

INFORMATION / ANNOUNCEMENTS

NEW Reporting form: An iLinc on the new reporting form was presented on 1/25/2012. The new forms, as well as the slides from the iLinc presentation are available on the TCC. **We have attached a guidance piece on HOW to get to the TCC CDEpi area including reporting.**

Reconciliation Reports: Reconciliation reports for the 4th quarter of 2011 were sent via ePass on February 3rd. **If you have not received notification that you have a report to download, contact Stacey Anderson so that we can get your file to you asap.** The 4th quarter includes any cases from October 1 – December 31 of 2011. Once you download your report, please take a moment and compare the list of cases on Tab 1 with the cases in your jurisdiction. Make any changes to the spreadsheet in a different color and return it **via ePass or confidential fax** (1-800-616-7460) to Stacey. Case reports for reportable conditions that **have not** previously been sent to CDEpi for Quarter 4 and are not on the reconciliation list should be faxed to the disease reporting line at 1-800-616-7460 with the original reporting date

(MMWR Week) clearly marked at the top of the page. If you note any cases missing from your records, let Stacey know and we will fax it to you.

Please note the following:

- **Tab 1** of your CDEpi report **will not include** sexually transmitted diseases (including HIV/AIDS, chlamydia, gonorrhea, and syphilis) and chronic hepatitis C. You will receive instructions from those programs regarding reconciliation of those cases.
- The CDEpi Program uses the CDC Case Definitions for Infectious Conditions under Public Health Surveillance (http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2011.htm). These definitions are used for surveillance purposes only and may not be consistent with healthcare provider diagnoses.
- Individual cases of influenza and norovirus are NOT reportable.
- **Tab 2** of this report will provide you with jurisdiction-specific information on completeness of data and timeliness of reporting that is explained in the 2011-2012 PHEP Guidance document. This is the data that you will need to share with your PHEP staff to prepare your Quarter 1 Progress Report due on December 15, 2011.

Please try to have all 2011 Quarter 4 reconciliations with CDEpi completed by February 24, 2012. If you have any questions, contact Stacey Anderson at 444-3012 or sanderson2@mt.gov

TCC Update

New Link: <http://www.mttcc.org> A quick guidance piece on navigating the site for CDEpi resources including new reporting forms is attached. If you have any questions on how to find forms or resources for CDEpi, contact Stacey Anderson (sanderson2@mt.gov) or Margaret Souza (msouza@mt.gov).

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year but is primarily directed toward you as local health jurisdictions with us as a last resort. If you need us to assist, please call 406.444.0273 if you need immediate communicable disease epidemiology assistance, the answering service will take a message and we will return the call as quickly as possible. Please ensure that your required 24/7 information is up to date and reported to us or PHEP if changes occur AND please ensure that you communicate YOUR local 24/7/365 number to your local providers as they should be contacting local health jurisdictions first in emergency situations.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>